EXHIBIT 28

Participant must provide all of the information below in English:

 Participant's c 	ontact information, including email address, and that of its counsel,	
if any: Participant's Name:	Ivelisse Reyes Diaz	
Participant's Address:	Puerto Nuvo Norte # 286 NO C/13 SJ. F)
Participant's Email Address:	ÎVELISSEZY35@ Smail. COM	C
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:		
Nature of Claim:	Pension Retirer Claims	
By: (Jeling Key	~ Diáz.	
Signature Velisse Reye Print Name	s Diaz	
Time Name 1 7	RECEIVED	
Title (if Participant is		
16 agosto	PRIME CLERK LLC)
Date 🔾		

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Ivelisse Reyes D192 C/13 N.O. # 2812 Puerto Duevo Warte Dan Juan, P.R 00920

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